

UNCLASSIFIED (U)
U.S. Department of State Foreign Affairs Manual Volume 9
Visas

9 FAM 41.62 EXHIBIT VII

F-1 FORM I-20 SAMPLE

(CT:VISA-2299; 06-24-2015)
(Office of Origin: CA/VO/L/R)

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0004705512

SURNAME/PRIMARY NAME Doe Smith PREFERRED NAME John Doe-Smith COUNTRY OF BIRTH UNITED KINGDOM DATE OF BIRTH 01 JANUARY 1980 FORM ISSUE REASON INITIAL ATTENDANCE	GIVEN NAME John PASSPORT NAME COUNTRY OF CITIZENSHIP UNITED KINGDOM ADMISSION NUMBER LEGACY NAME John Doe-Smith	CLASS F-1 ACADEMIC AND LANGUAGE
---	---	--

SCHOOL INFORMATION

SCHOOL NAME SEV3 School for Advanced SEVIS Studies SEV3 School for Advanced SEVIS Studies SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson PDSO	SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744 SCHOOL CODE AND APPROVAL DATE 3A1214F44444000 03 APRIL 2015
--	--

PROGRAM OF STUDY

EDUCATION LEVEL DOCTORATE NORMAL PROGRAM LENGTH 72 Months PROGRAM START DATE 01 SEPTEMBER 2015	MAJOR 1 Economics, General 45.0601 PROGRAM ENGLISH PROFICIENCY Required PROGRAM END DATE 31 MAY 2021	MAJOR 2 None 00.0000 ENGLISH PROFICIENCY NOTES Student is proficient
--	--	---

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000

REMARKS

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(d)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Helene Robertson, PDSO	DATE ISSUED 21 April 2015	PLACE ISSUED Ft. Washington, MD
---	-------------------------------------	---

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

SIGNATURE OF: John Doe Smith	DATE		
X			
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

UNCLASSIFIED (U)

**U.S. Department of State Foreign Affairs Manual Volume 9
Visas**

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0004705512 (F-1)

NAME: John Doe Smith

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
---------------------	-------------------------	----------------	---------------------------------

EVENT HISTORY

EVENT NAME	EVENT DATE
------------	------------

OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
---------------	------------	----------

TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

UNCLASSIFIED (U)